

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

5

3 COMMITTEE NAME

SAN Antonio Fluoridation For Everyone (SAFE)

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6514 Pemmont

SAN Antonio, Texas 78240

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
CPA HARRIET
NICKNAME LAST SUFFIX
MARMON - HELMLE

Receipt #

Amount

Date Processed

Date Imaged

2003 JUN 30 PM 2:23

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CITY CLERK

6 CAMPAIGN TREASURER'S STREET ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Frost Bank
P.O. Box 1600
100 West Houston St.
SAN Antonio, Texas 78296

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

SAME AS ABOVE (6)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 220-4014

9 REPORT TYPE

☐ January 15
☒ July 15

☐ 30th day before election
☐ 8th day before election
☐ Runoff

☐ Exceeded \$500 limit
☐ Dissolution (attach PAC-DR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

61 / 01 / 2003

THROUGH

Month Day Year

6 / 30 / 2003

11 ELECTION

ELECTION DATE
Month Day Year

11 / 07 / 00

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

**12 COMMITTEE
NAME**

SAN Antonio Fluoridation For Everyone (SAFE)

ACCOUNT #
(Ethics Commission filers)

**13 COMMITTEE
PURPOSE**

 (Attach lists on plain
paper to complete this
report if necessary.)

☒ SUPPORT

☐ OPPOSE

☐ ASSIST
(officeholders only)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

 ELECTION DATE
Month Day Year

11 / 07 / 2003

DESCRIPTION

Fluoridation Initiative

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**14 NO REPORTABLE
ACTIVITY**
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**15 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

 2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 150.00

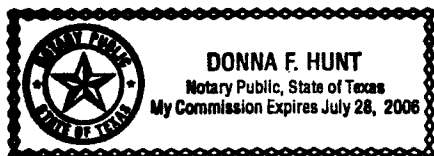
**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Harriet M. Helmle
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

 Sworn to and subscribed before me, by the said Harriet M. Helmle, this the 30th day of June, 20 03, to certify which, witness my hand and seal of office.

Donna F. Hunt

Signature of officer administering oath

Donna F. Hunt

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
3

2 FILER NAME
SAN Antonio Fluoridation For Everyone

3 ACCOUNT # (Ethics Commission filers)

4 Date 9/30/02	5 Payee name Frost Bank	7 Amount (\$) \$ 15.00
6 Payee address; City; State; Zip Code P.O. Box 1600 100 West Houston St SAN Antonio, TX 78296		

8 Purpose of payment (See instructions regarding type of information required.) Service Charge - Bank acct.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 10/31/02	Payee name Frost Bank	Amount (\$) \$ 15.00
Payee address; City; State; Zip Code P.O. Box 1600 100 West Houston St. San Antonio, TX 78296		

Purpose of payment (See instructions regarding type of information required.) Service Charge - Acct.	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 11/30/02	Payee name Frost Bank	Amount (\$) \$ 15.00
Payee address; City; State; Zip Code P.O. Box 1600 100 West Houston St. SAN Antonio, TX 78296		

Purpose of payment (See instructions regarding type of information required.) Service Charge - Acct.	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 12/31/02	Payee name Frost Bank	Amount (\$) \$ 15
Payee address; City; State; Zip Code P.O. Box 1600 100 West Houston St SAN Antonio, TX 78296		

Purpose of payment (See instructions regarding type of information required.) Service Charge Acct.	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

SAN Antonio Fluoridation For Everyone (SAFE)

3 ACCOUNT # (Ethics Commission filers)**4** Date

1/31/03

5 Payee name

Frost Bank

7 Amount (\$)

\$15.00

6 Payee address; City; State; Zip CodeP.O. Box 1600
100 West Houston St.
San Antonio, TX 78296**8** Purpose of payment (See instructions regarding type of information required.)

Service Charge - Acct

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought

Office held

Date

2/28/03

Payee name

Frost Bank

Amount (\$)

\$15.00

Payee address; City; State; Zip Code

P.O. Box 1600
100 West Houston St.
San Antonio, TX 78296

Purpose of payment (See instructions regarding type of information required.)

Service Charge - Acct

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought

Office held

Date

3/31/03

Payee name

Frost Bank

Amount (\$)

\$15.00

Payee address; City; State; Zip Code

P.O. Box 1600
100 West Houston St.
San Antonio, TX 78296

Purpose of payment (See instructions regarding type of information required.)

Service Charge - Acct

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought

Office held

Date

4/30/03

Payee name

Frost Bank

Amount (\$)

\$15.00

Payee address; City; State; Zip Code

P.O. Box 1600
100 West Houston St.
San Antonio, TX 78296

Purpose of payment (See instructions regarding type of information required.)

Service Charge - Acct.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

San Antonio Fluoridation For Everyone (SAFE)

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/31/03

Frost Bank

6 Payee address; City; State; Zip Code

P.O. Box 1600

100 West Houston St.

San Antonio, TX 78296

\$ 15.00

8 Purpose of payment (See instructions regarding type of information required.)

Service Charge on Bank Account

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

6/30/03

Frost Bank

Payee address; City; State; Zip Code

P.O. Box 1600

100 West Houston St.

SAN Antonio, TX 78240

\$ 15.00

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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